

DATA METHODOLOGY



● WOMEN, INFANT, CHILDREN (WIC)

The estimated number of eligibles for the WIC program was adopted from the Department of Health Services, WIC Branch (<http://www.wicworks.ca.gov/about/detailed.html>). A WIC consultant who used a conglomeration of methods to estimate the aggregate of eligible infants, eligible children (1 to 5 years), eligible pregnant women, and postpartum and breastfeeding women. A panel of experts on the Committee on National Statistics of the National Research Council reviewed the methods used to estimate the number of eligible WIC participants.

Using an average of the most recently available annual data from 1997-1999, the estimated number of potential eligible infants was calculated utilizing the numbers of live births by expected six low-income sources of payment for delivery: Medicare, Medi-Cal, Title V, Other Government Programs, No Charge, Medically Indigent (The County Medical Services Program). The estimated number of eligible children (1 to 5 years) was calculated by multiplying the estimate number of eligible infants by 4, assuming that infants will continue to be eligible up to age 5 years old. Mortality is not built into this calculation. The estimate number of eligible pregnant women was calculated by multiplying the number of estimated eligible infants by 0.667 (2/3). This factor reflects an assumption of the length of pregnancy during the year prior to the birth of the infant. The estimated number of eligible postpartum and breastfeeding women was calculated by multiplying the estimate number of eligible infants by 0.76, a factor adopted the consultant.

Because this methodology uses sources of payment for delivery to determine potential eligibles, there is a possibility of overestimating the number of those eligible to receive WIC benefits. For example, payment for delivery through Other Government Programs includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), where many of the patients live above 185 percent of the federal poverty level. The actual number of those living at or below 185 percent poverty level and thus, eligible to receive WIC benefits, are not classified as such. Other Government Programs also includes the Healthy Families Program, which has an income limit of at or below 250 percent of the federal poverty level. Access for Infants & Mothers Program, has an income limit between and including 200-300 percent of the federal poverty level. Therefore, collecting data from both of these programs may result in estimates that reflect families above the WIC income limit.

On the other side, this methodology has factors that may underestimate the number of WIC program eligibles. For example, women who are pregnant and/or postpartum and breastfeeding may have incomes above the Medi-Cal income limit. In 1999, 19 percent of California's children up to age 18 were uninsured, and those children who are eligible for WIC services are not included within these estimates. A third cause for potential underestimation of WIC eligibles, may be due to the fact that those with family incomes below poverty experienced a sharp increase in their uninsured rates between 1994 to 1999, unlike any other group in California during this period.

Other causes for inaccuracies in WIC data estimating program eligibility numbers, is that expected sources of payment for delivery data through California's Medically Indigent and Title V Programs. The County Medical Services Program provides payment for those whose incomes may exceed 185 percent of the federal poverty level, with pregnant women transitioned into the Medi-Cal pregnancy-related programs, because they do not provide payment for deliveries.

There may also be error in estimating WIC eligibles, because those qualified for Title V program benefits (California Children Services, Genetically Handicapped Services Program, Comprehensive Perinatal Services Program) are eligible under Medicare and/or Medi-Cal for perinatal services.

January 2002 participation data collected from the California WIC Association (<http://www.calwic.org/>). Caseload and participation numbers for every county was recorded for this point in time. Participation was used as a measure of number served by the WIC program, because caseload is sometimes higher or lower than actual program participation for WIC sites. Thus, the number of eligible WIC participants, compared to those actually participating, provides a measure of how well this program is being utilized. However, by comparing 1999 estimates of WIC eligibles with 2002 actual participation data, may have caused some inconsistencies in our estimation of how well the WIC program is utilized by those eligible to receive benefits.